

Release/Hold Harmless

I agree to release Georgetown Ice Center from all claims, actions, causes of actions, damages by the undersigned person, their parents/guardians, and for loss or injury resulting from the participation of such person in this program. I further agree to indemnify and save harmless such parties from all claims, actions, damages or demands including all costs and expenses incurred in defending any such claims or actions. ANY PARTICIPANTS WHO CAUSE DAMAGE WILL BE SUSPENDED FROM THE LEAGUE AND THE GEORGETOWN ICE CENTER WITH NO REFUND. I have read the release and understand that this is a full final release of all claims for injuries and damages sustained in Georgetown Ice Center and understand the responsibilities I have assumed there under.

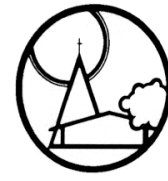
Signature

Date

Georgetown Ice Center
8500 48th Avenue
Hudsonville, MI 49426
(616) 662-2800 * fax (616) 669-1132
www.georgetown-mi.gov



Georgetown Ice Center
8500 48th Avenue
Hudsonville, MI 49426



Georgetown Ice Center

Wednesday Adult League Hockey



**Winter
2008-2009**

Adult League Information

Competitive non-checking. USA Hockey Rules apply. Games will consist of three 15 minute periods of running time.

- Enter as an entire team or individually
- 24 week schedule
- Single elimination playoff for top 4 teams
- Official NHL sized rink

Requirements

- USA Hockey Insurance
- Team Registered w/ USA Hockey
- Matching uniforms
- Payment in full by first game
- Full equipment
- 18 years of age
- Must be out of high school
- Numerical Roster



Please refer any questions regarding enrollment and/or equipment to:

Mike Forbes • General Manager

Georgetown Ice Center

8500 48th Avenue

Hudsonville, MI 49426

(616) 662-2800 * fax (616) 669-1132

MForbes@georgetown-mi.gov

Schedule

Season

Wednesday Nights 9-11pm
October 1, 2008 – March 25, 2009



Playoffs

Semi-Finals April 1, 2009
Finals April 9, 2009



League Payments

- \$3,200.00 per team
 - \$500.00 non-refundable deposit
 - earliest deposits secure placement
 - payable upon registration
- \$250.00 per individual



Wednesday Adult League Hockey

Team Name: _____

Jersey Color: _____

Team Manager: _____

Address: _____

E-mail: _____

City, State, Zip: _____

Home Phone: _____

Work Phone: _____

Payment Choices:

- ☐ Check or Money Order Enclosed
- Paid in Full – amount \$ _____
 - Deposit - \$500
- ☐ MasterCard/Visa
- Paid in Full – amount \$ _____
 - Deposit - \$500

_____ Exp: _____

Please complete the information on the back for valid registration.